



AMUSEMENT MACHINE DISTRIBUTOR LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

LICENSE PERIOD: Annual, July 1 thru June 30

APPLICATION: Apply at City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202 telephone (414) 286-2238.

FEE: The \$600 license fee, \$25 for each tag, **must be submitted with application.** Checks made payable to the City of Milwaukee.

SIGNATURES: Notarized signature of the individual, all partners, the agent, president, and secretary of the corporation, or all members of a LLC are required.

TAGS: Applications for coin-operated amusement machine tags must be completed and filed with our office. (This does not include coin-operated pool tables.) Once issued, the tags must be securely fastened to the amusement machine in a conspicuous place so that they may be easily seen by a police officer.

REQUIREMENTS:

Applicants must be 18 years of age.

Good professional character. A person who has been convicted of any felony, misdemeanor or other offense, the circumstances of which substantially relate to this type of business, in this state or any other state, may be ineligible for a license.

An Individual and all partners of a partnership must be residents of the state of Wisconsin for at least one year prior to applying for this license. This requirement shall only apply to the agent of a Corporation or Limited Liability Company.

FINGERPRINTS: An individual, all partners of a partnership, and the Agent of a Corporation or Limited Liability Company whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police

Administration Building, 951 N. James Lovell St. (7th St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

REPORT CHANGES: Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 10 days of the change.

GRANTING OF LICENSES: Licenses are granted by the Common Council on recommendation of the Licenses Committee. Please allow 5-6 weeks for processing.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of \$550, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

DUPLICATE LICENSE FEE: The fee for a duplicate license is \$8. You must bring a current photo Identification.

Regulations related to AMUSEMENT MACHINE DISTRIBUTORS are provided in s. 84-50 and ch. 107 of the Milwaukee Code of Ordinances and are available online at <http://www.milwaukee.gov/ordinances> or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11.



**City
of
Milwaukee**

**AMUSEMENT MACHINE DISTRIBUTOR
LICENSE APPLICATION**

ccl-104b (7/03)

OFFICE OF THE CITY CLERK LICENSE DIVISION

200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202

(414) 286-2238

E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, & D)
☐ Corporation or LLC (Fill out Section B, C, & D)

Section A	INDIVIDUAL OR PARTNERSHIP:		
	Full Name (Last, First & Middle Initial)		
	Full Name (Last, First & Middle Initial)		
	Home Address (include City, State, Zip Code):		
	Home Address (include City, State, Zip Code):		
Section B	Length of residency:		
	Length of residency:		
	Home Phone Number: () -		
	Home Phone Number: () -		
	Date of Birth:		
Section C	Date of Birth:		
	Business Name:		
	Business Phone Number: () -		
	Business Address (include City, State, Zip Code):		
	Mailing Address (if different from above address):		
Section C	Full Name of corporation or limited liability company:		
	<i>Agent:</i>		
	Full Name (Last, First & Middle Initial):		
	Home Address (include City, State & Zip Code):		
	Home Phone Number: () -		
	Date of Birth:		
	Length of Residency:		
	<i>President/Member</i>		
	<i>Vice President/Member</i>		
	Full Name (Last, First & Middle Initial):		
Full Name (Last, First & Middle Initial):			
Home Address (include City, State, Zip Code):			
Home Address (include City, State, Zip Code):			
Length of residency:			
Length of residency:			
Home Phone Number: () -			
Home Phone Number: () -			
Date of Birth:			
Date of Birth:			

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Section C Cont.	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section D	<p>Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of person(s), date, charge, and penalty:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS</p> <p>_____ day of _____, 20_____</p> <p>_____ Individual/Agent of Corp or LLC/Partner</p> <p>_____ President of Corp/Member of LLC/Partner</p> <p>Notary Public, State of Wisconsin</p> <p>My commission expires _____</p> <p>_____ Secretary of Corp/Add'l Members/Partner</p>	

Office Use Only:

Initials: _____ **Filed:** _____ **License #:** _____ **Granted:** _____